PG 1&2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 DEC 16 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L11000008648

1 Limited Liability Company's Name

SILVERBREEZE MHP LLC

| 2 Principal Office Address - No P.O. Box # | 3 Mailing Office Address |
|---|---|
| 925 Cheney Hwy | PO Box 5923 |
| Suite, Apt. #, etc: #44 | Suite, Apt. #, etc: |
| City & State: Titusville | City & State: Titusville FL |
| Zip: 32780 Country: USA | Zip: 32783 Country: USA |

CR2EC41 (1/14)

4 State/Country of Formation: FL.

5 Date Organized or Qualified To Do Business in Florida: 1-21-2011

6 FEI Number: 45-5289138 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8 Name and Address of Current Registered Agent

Name: DEMAR LISA M.

Street Address (P.O. Box Number is Not Acceptable) Suite: 925 Cheney Hwy

Apt. #, Etc: #44

City: Titusville | State: FL | Zip Code: 32780

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REINSTATEMENT 2017-2019

9 I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 12-16-2019

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGRM | DEMAR, LISA | 925 Cheney Hwy | Titusville FL 32780 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: _____
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 12-16-2019 Daytime Phone #: 3215378539.

Typed or printed name of signing authorized representative/member: LISA DEMAR.

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I LISA DeMAR. will not REVOKE the Dissolution.

Document number L19000198805

And will file a new filing with the same name.

12-16-2019

SIGN NAME

DATE